

HCP-Est

**Maine Revenue Services
Health Care Provider Tax
Estimate Payment Voucher**

031480000

Registration No.

Fiscal Year

Due Date

1. Entity Information

Any change in ownership, address or name should be addressed in correspondence and attached to this voucher.

Section 1: Complete this section only for the initial return and every July period thereafter.

Check one only

We elect to estimate our tax liability based on net operating revenue for the current state fiscal year.

☐

We elect to estimate our tax liability based on a fiscal year where taxable revenues have been finally determined and are no longer open to audit adjustment.

☐

If the second option is used, the finalized period's fiscal year began

Month

Year

Section 2:

1. Monthly estimated payment due for month of

1. , .

2. Less: Prior Credit (if any)

2. , .

3. Total Remittance with return (line 1 less line 2; if less than zero, enter zero)

3. , .



Mail To:
Maine Revenue Service
P.O. Box 1064
Augusta, ME 04332-1064

Signature

Title

Date

Phone #